This Information Should Be Directed to the Management Staff of Your Agency

Bureau Talk

Missouri Department of Health and Senior Services
Bureau of Home Care and Rehabilitative Standards

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Websites

CMS Website

Centers for Medicare and Medicaid Services now offers an all-inclusive web page for home health agency information. The page entitled "Home Health Information Resource for Medicare" incorporates all home health specific information in one place. The web page contains links to information on enrollment, participation, policies/regulations, the Home Health Compare website, OASIS, education and more.

You can find this page at: http://www.cms.hhs.gov/providers/hha/.

HCRS Website

Check out our website!
http://www.dhss.state.mo.us/Home_Health/

The website is up and going with current information. We will be updating the bulletin board in an effort to keep agencies informed of new and/or changing issues. In addition, the directory will be updated quarterly with current information. We will no longer publish the directory as current information will now be available on the website.

Senate Bill 556 - Senior Care and Protection Act

Most of you have now heard about the Senior Care and Protection Act (Senate Bill 556). We will be sending information regarding this legislation and agency responsibilities in the near future.

***********Notifying our Office of Changes***********

It is mandated by state and federal regulation that changes within your agency be reported to our office. These changes include agency name, address, telephone number, administrator changes, etc. Please remember to notify our office in writing, on agency letterhead, of any changes to avoid deficiencies.

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Hospice Information

In-Patient Hospices

The 2000 edition of the Life Safety Codes (LSC) is now in effect. This edition was published January 10, 2003, in the Federal Register (68 FR 1374). All hospices are now required to comply with the requirements. Hospices have until September 11, 2003 to comply with the regulations except for the following two exceptions. These requirements are to be met by March 13, 2006 as listed below:

- The regulation requires Providers and Suppliers to replace existing roller latches with positive latching devised in both existing sprinklered and unsprinklered buildings.
- Emergency lighting, where required, is to provide illumination for at least 90-minute duration.

We expect to begin surveying facilities for compliance with the 2000 edition of the LSC on September 11, 2003.

If you have questions regarding the new LSC, you may contact Terry Winkel at 573/751-6451.

Medicare Hospice Benefit

The attached article from CMS addresses the issue of the Medicare hospice benefit and emphasizes the benefits of hospice care for beneficiaries. It advises physicians that they need not be concerned about CMS penalties when certifying an individual for hospice care. It notes that CMS is aware that terminal illness does not always have a predictable course and can be extended beyond the initial six-month certification. The article is a reminder to physicians, skilled nursing facilities, and hospitals that this benefit is available to Medicare beneficiaries, and it serves as notice that a Medicare beneficiary may independently request the hospice benefit if he/she feels it is warranted. In all instances, a physician must certify that the hospice care is appropriate and the beneficiary meets all qualifying conditions of the benefit. Physicians, hospitals and skilled nursing facilities are urged to recommend hospice care to beneficiaries whom they determine may benefit from it.

CMS Clarifies Role of Nurse Practitioners Employed by Hospice Agencies

CMS published a program memorandum on June 20 clarifying the policy and interpretation for services provided by nurse practitioners (NP) under the Medicare hospice benefit. The memorandum states that NPs employed by a hospice agency may see, treat and write orders for Medicare patients, if permissible under state law. In Missouri, this means a registered professional nurse who:

Hospice Information

(continued)

(1) also holds current recognition from the Missouri State Board of Nursing as an advanced practice nurse (e.g., NP) within a particular clinical nursing specialty are consistent with the patient population s/he is working with, and
(2) has a written collaborative practice arrangement with a physician who shares a mutual scope of practice and who has, within the written collaborative practice arrangement, appropriately delegated the medical authorities being performed.

The services provided by the NP would include those recognized and accepted by the state in which the services are provided and which are not excluded by Federal regulation. In addition, the NP role and responsibilities would need to be defined in the beneficiary's plan of care.

Nurse practitioners may not certify or re-certify that a beneficiary has a terminal diagnosis with a prognosis of six months nor may they treat a patient who has not seen a physician or develop a plan of care. Since the hospice benefit is a prospective payment system with an all-inclusive daily rate in exchange for the provision of payment methodology, separate billing for NP services would not be permitted under Medicare Part A.

Clarification to Questions

Physical Therapists

There continues to be confusion regarding physical therapists and the review of medications. In December 2001, the Advisory Commission for Physical Therapists advised us that it is not within the scope of practice of physical therapist to receive, change and monitor medications. Consequently, it will be necessary for agencies to have medications on therapy only cases reviewed by a skilled nurse.

We have had several questions about physical therapists taking orders from out of state physicians. The clarification received from the Board of Healing Arts is that physical therapists cannot take orders from out of state physicians. They can only take orders from physicians licensed in Missouri.

Medicare HMO

There have been questions regarding one time social worker visits for Medicare HMO patients. We have clarified the issue with CMS. A social worker cannot do a one time only initial visit and bill it to Medicare. Medicare requires initial assessment visits be completed by a skilled nurse, physical therapist or a speech therapist.

CHANGE OF OWNERSHIPS

We are experiencing an increased number of change of ownerships (CHOW). CHOW packets can be purchased through our office or are available on the website at http://www.dhss.state.mo.us/Home_Health/. Statute mandates home health agencies notify our office 90 days prior to the CHOW and 30 days for hospice.

Attachment

Hospice Care Enhances Dignity and Peace As Life Nears Its End

Much of the pain and sense of hopelessness that may accompany terminal illness can be eased by services specifically designed to address these needs. Hospice care, a fully reimbursable Medicare Part A benefits option for beneficiaries and providers since 1983, offers the services designed to address the physical and emotional pain through effective palliative treatment when cure is not possible. In the event that a beneficiary has been advised by his/her physician, that a cure for his/her illness is no longer possible, Medicare beneficiaries may discuss hospice care as an option. Physicians and other health care practitioners can be encouraged that the Medicare program includes a hospice benefit that provides coverage for a variety of services and products designed for those with terminal diagnoses. When properly certified and appropriately managed, hospice care is a supportive and valuable covered treatment option.

Physicians and health care providers in the community, skilled nursing facilities, and hospitals are urged to raise awareness among their patients about the hospice benefit and its availability. Further, a beneficiary may independently elect hospice care. The beneficiary may discuss this option in the event that he or she has a terminal diagnosis; however, in all such cases, a physician must certify that the beneficiary has a terminal diagnosis with a six month prognosis, if the illness runs its usual course.

Hospice care that is covered by Medicare is chosen for specified amounts of time known as "election periods." Essentially, a physician may certify a patient for hospice care coverage for two initial 90-day election periods, followed by an unlimited number of 60-day election periods. Each election period requires that the physician certify a terminal illness. Payment is made for each day of the election period based on one of four per diem rates set by Medicare, commensurate with the level of care.

Generally speaking, the hospice benefit is intended primarily for use by patients whose prognosis is terminal, with six months or less of life expectancy. The Medicare program recognizes that terminal illnesses do not have entirely predictable courses, therefore, the benefit is available for extended periods of time beyond six months provided that proper certification is made at the start of each coverage period.

Recognizing that prognoses can be uncertain and may change, Medicare's benefit is not limited in terms of time. Hospice care is available as long as the patient's prognosis meets the law's six month test.

This test is a general one. As the governing statute says: "The certification of terminal illness of an individual who elects hospice shall be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness."

CMS recognizes that making medical prognostication of life expectancy is not always an exact science. Thus, physicians need not be concerned. There is no risk to a physician about certifying an individual for hospice care that he or she believes to be terminally ill.

Many physicians appreciate the fact that hospice care enables family and loved ones to participate in the experience and to get help from the hospice in managing their own feelings and reactions to the illness. The value of hospice care is recognized and advanced by many physicians and other health professionals. One professional organization, the American Academy of Hospice and Palliative Medicine (formerly the Academy of Hospice Physicians) focuses its efforts on the "prevention and relief of suffering among patients and families" through palliative therapy, education and counseling. Among the Academy's objectives are to "bring the hospice approach into mainstream medicine and eliminate the dichotomy whereby patients receive either curative or palliative care."

This distinction is important because despite a growing appreciation for hospice care both as a philosophy and as a fully covered Medicare benefit, there appears to be two perceived barriers to its broader acceptance.

First is an understandable reticence to contemplate the end of life. A 1999 survey conducted by the National Hospice and Palliative Care Organization (NHPCO) found that Americans generally are reticent to discuss hospice care with their elderly parents. According to the survey, less than one in four of us have put into writing how we wish to be cared for at life's end. About one in five have not contemplated the subject at all, and a slightly smaller number told the surveyors they have thought about it but have not shared their thoughts with others.

The second perceived barrier is a lack of knowledge on the part of both patients and practitioners that the covered hospice benefits are both broad and readily available virtually everywhere in the country. As with other covered services, payments for hospice care generally are made to providers based on prospectively-set rates that are updated every year for inflation. Hospice care is primarily a specialized type of home health care, and as is the case with the home health care benefit, hospices are served by regional intermediaries for Medicare billings, payments, cost reports and audits.

Hospice care also is covered by Medicaid in many states. Medicare covers a number of specific services as defined in regulation and in the Medicare Hospice Program Manual. Most of these services are familiar to health care professionals and other practitioners who have worked with skilled nursing facilities (SNFs) and home health services. Covered services include:

- Medical and nursing care
- Medical equipment (such as wheelchairs or walkers)
- Pharmaceutical therapy for pain relief and symptom control
- Home health aide and homemaker services
- Social work services
- Physical and occupational therapy
- Speech therapy
- Diet counseling
- Bereavement and other counseling services
- Case management

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In 1999, 474,270 individuals received hospice care at 2,281 certified hospice programs in the United States. In 2000 there were 2,266 certified hospices. In 2001, approximately 580,000 individuals received hospice care at 2, 277 (as of August 2001) certified hospice programs. The hospice setting also is appropriate for patients who suffer from terminal illnesses such as lung disease or end-stage heart ailments, cancer, Alzheimer's disease, and terminally ill AIDS patients. Hospice is not about death, but rather about the quality of life as it nears its end, for all concerned – the patient, family and friends, and the health professional community.

For more information: *go online to www.cms.gov/medicare/hospiceps.htm; check the Medicare Learning Network at www.cms.gov/medlearn/; or see a related informational brochure on hospice care at: www.medicare.gov/publications.*